



## SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4600 FAX (631) 853-4825

### HOME ENERGY AUDITOR REGISTRATION APPLICATION

Any person who provides, or who advertises to the public the service of providing, a home energy audit in Suffolk County must register with the Department of Labor, Licensing & Consumer Affairs and provide proof that they meet the standards necessary to provide home energy audits. Registration shall be valid for a period of three (3) years. Upon the expiration of registration, any person continuing to provide home energy audits shall re-register and provide proof that they continue to meet all necessary standards to provide home energy audits.

Note: At least one (1) registered home energy auditor must be present at any home energy audit conducted in Suffolk County.

**Please Print – Answer All Questions**

**APPLICANT NAME: LAST** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**BUSINESS NAME(S):** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Type Business

\_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Proprietorship \_\_\_\_ Other

1. Federal Tax ID Number \_\_\_\_\_

2. Worker's Compensation Number \_\_\_\_\_

3. NYS Sales Tax Registration Number \_\_\_\_\_

Date of Photo \_\_\_\_\_

I am accredited to perform home energy audits by the following organization(s). Check all that apply.

\_\_\_\_ Building Performance Institute (BPI)

\_\_\_\_ Residential Energy Services Network (RESNET)

\_\_\_\_ Home Energy Rating System (HERS)

\_\_\_\_ American Society for Heating, Refrigerating and Air-Conditioning Engineers

\_\_\_\_ Other State/Federal Certifying Entity (Name) \_\_\_\_\_

\_\_\_\_ Licensed Architect/Engineer

**DECLARATION** (To be completed by Applicant):

I declare under penalties of the Penal Law, Sec. 175.35, that I prepared this application and that the statements contained herein are, to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection herewith.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH  
CURRENT  
PASSPORT  
PHOTO**